

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: COMFORTS OF HOME - FREDERIC (0010757)

Address: 105 E OAK ST, FREDERIC, WI 54837

License Status: REGULAR

Licensed/Certified/Registered 11/01/2005

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0096462 **End Date:** 01/25/2006 **Type:** OTHER **Purpose:** OTHER

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009769 Served 02/22/2006

Deficiencies Cited
83.51(1)(e)

Subject Area
CLEARED PATHWAY FROM EXITS

Compliance
Verified

Corrected

Survey ID: 0095707 **End Date:** 09/28/2005 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
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Survey ID: 0095395 End Date: 07/13/2005 Type: STANDARD Purpose: VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009748 Served 08/16/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	09/28/2005	Yes
83.15(1)(c)1	ADEQUATE STAFFING	09/28/2005	Yes
83.21(4)(w)	SAFE ENVIRONMENT	09/28/2005	Yes
83.33(2)(a)	SUPERVISION	09/28/2005	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	09/28/2005	Yes

Survey ID: 0094932 End Date: 04/11/2005 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009742 Served 05/15/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	07/13/2005	Yes
83.15(1)(c)1	ADEQUATE STAFFING	09/28/2005	Yes
83.16(1)	ADMISSIONS AGREEMENT	06/01/2005	Yes
83.21(4)(n)3	FREE OF CHEMICAL RESTRAINT	06/01/2005	Yes
83.21(4)(w)	SAFE ENVIRONMENT	09/28/2005	Yes
83.33(2)(a)	SUPERVISION	09/28/2005	Yes
83.33(3)(c)3	PROOF-OF-USE RECORD AUDITED DAILY	09/28/2005	Yes

Survey ID: 0093853 End Date: 12/03/2004 Type: INITIAL Purpose: SURVEY

Results: PROBATIONARY LICENSE ISSUED

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CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 08/12/2005 SOD #10009748 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.11(3)(a)
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.21(4)(w)
FORFEITURE---83.33(3)(c)3
FORFEITURE---accruing forf.

Date: 05/12/2005 SOD #10009742 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.16(1)
FORFEITURE---83.21(4)(n)3
FORFEITURE---83.33(2)(a)

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